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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Summary of Archer MSAsDepartment of the Treasury
Internal Revenue Service► **For Paperwork Reduction Act Notice, see back of form.****2004**

Trustee's or custodian's name

Employer identification number

Number, street, and room or suite no.

City, state, and ZIP code

Telephone number

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a This report is for the period **January 1, 2004, through June 30, 2004.****b** Total number of
Archer MSAs (see
instructions) . ►**c** Total number of previously
uninsured account holders
(see instructions) . . . ►**d** Total number of excludable
account holders (see
instructions) ►

	Name of Account Holder (Last name, first name, and middle initial)	Social Security Number	Check if Previously Uninsured	Check if Excludable
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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19				
20				